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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/08)							Application Number <div style="font-size: 1.2em; font-family: cursive;">10/748,185</div>		Filing Date			
Applicant(s) <div style="font-size: 1.2em; font-family: cursive;">4-24-06</div>							* May be used for additional claims or amendments					
CLAIMS	AS FILED <div style="font-size: 1.2em; font-family: cursive;">11-1-05</div>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
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